



Get Healthy California! Plan

DRAFT

A Vision for Tomorrow, Strategic Actions for Today

California Department of Health Services

(insert state and CDHS seal, the Governor, CHHS Secretary & CDHS Director blocks)

This publication was prepared by:

California Department of Health Services (CDHS)
Office of the Director
MS 0001
P.O. Box 997413
Sacramento, CA 95899-7413
Phone: (916) 440-7400
Fax: (916) 440-7405
Website: www.dhs.ca.gov

Upon request, this document will be made available in Braille, large print, and audiocassette, or computer disk. To obtain a copy in one of these formats, contact the Office of the Director.

Suggested Citation: *Get Healthy California! Plan - A Vision for Tomorrow, Strategic Actions for Today*, Sacramento (CA): Department of Health Services; 2006.

This and other publications are available on Internet at www.dhs.ca.gov.

Executive Summary

Case for Action: California, like much of the rest of the world, is experiencing an obesity epidemic for which there is no single cause or simple cure. The case for action to address this epidemic is based on three principle factors:

1. California's Current Health Status - Poor nutrition and inactivity are causing serious health problems – including diabetes, heart disease, stroke, and cancer – now, and if left unchecked will lead to worsening conditions in the future.
2. Competing Environmental Forces – Choices that lead to poor nutrition and inactivity are often more available, affordable, and convenient than healthier options.
3. Discordant, Parallel but Uncoordinated Efforts – Many actions are being taken by government, industry, voluntary, and philanthropic sectors, but without concordance.

In recognition of California's growing obesity epidemic, competing environmental forces and fragmented efforts, the legislature mandated that CDHS create this strategic plan to guide a statewide response to this crisis.

Call to Action: We have a vision for a healthier California. The Governor developed the 10 Step Vision for a Healthy California and convened the Get Healthy California! Summit in September 2005 as call to action to bring focus and momentum to the transformation that is needed to create the healthy California in which we all want to live. Through California's internationally recognized tobacco control programs, we have experience and success in effecting a major societal change that resulted in significantly improved health for the people of our state. It was a difficult task but we did it. And we can do it again. As California has been a leader in reducing tobacco use, we can be a leader in the campaign to reduce obesity.

The Plan: This *Get Healthy California! Plan* serves as a guide for each sector of society to take part in creating the shift to healthy eating and active living. This plan identifies strategic actions to make sustainable changes in physical activity and food environments. The strategic actions are organized under these four goals:

Goal 1: Create a statewide public education campaign that frames healthy eating and active living as California living.

Goal 2: Implement multi-sectored policy strategies to create healthy eating and active living community environments.

Goal 3: Create and implement a tracking and evaluation system.

Goal 4: Ensure state level leadership and coordination that reaches into communities across the state.

California will utilize this strategic plan as a springboard for state government to further coordinate its efforts in collaboration with business, voluntary and philanthropic sectors to convert fragmentation into collaboration and synergy, to carefully align and invest resources, and to create a shared response to a societal crisis.

Table of Contents

Case for Action.....	2
Call to Action	4
The Plan: Strategies for Action.....	7
Goal 1: Create a statewide public education campaign that frames healthy eating and active living as California living.	7
Goal 2: Implement multi-sectored policy strategies to create healthy eating and active living community environments.....	7
Goal 3: Create and implement a tracking and evaluation system.....	11
Goal 4: Ensure state level leadership and coordination that reaches into communities across the state.	12
Summary.....	12
Acknowledgements	13
References.....	14

Case for Action

California, like much of the rest of the world, is experiencing an obesity epidemic for which there is no single cause or simple cure. The case for action to address this epidemic is based on three principle factors:

1. **California's Current Health Status** - Poor nutrition and inactivity are causing serious health problems – including diabetes, heart disease, stroke, and cancer – now, and if left unchecked will lead to worsening conditions in the future.
2. **Competing Environmental Forces** – Choices that lead to poor nutrition and inactivity are often more available, affordable, and convenient than healthier options.
3. **Discordant, Parallel but Uncoordinated Efforts** – Many actions are being taken by government, industry, voluntary, and philanthropic sectors, but without concordance.

The following information takes a deeper look at each of these principle factors:

1. California's Current Health Status – The Obesity Epidemic

- ◆ Obesity rates over the last decade have doubled.
- ◆ California residents have gained 360 million pounds of excess weight in the past ten years, a rate that is among the fastest in the country. A third of our children, one in four teens, and over half of all adults are already overweight or obese.^{1,2,3} This epidemic affects virtually all age, income, educational, ethnic and disability groups, although rates are highest among Californians of Latino, American Indian, African American and Pacific Islander descent with lower incomes and disabilities.⁴
- ◆ Over the last 20 years, overweight levels have doubled in children and tripled in teens nationally.⁵ With 22 percent of California children and teens overweight⁶, the year 2010 target reduction of overweight children and teens to five percent seems almost unattainable.⁷ Most alarming is that between 40 – 80 percent of overweight children will become overweight adults.^{8,9}
- ◆ Rates of chronic disease and disability associated with poor diet and inactivity continue to escalate year after year. The real obesity toll comes with over half of all Californians at greater risk for heart disease, type 2 diabetes, high blood pressure, stroke, arthritis-related disabilities, depression, sleep disorders, and some cancers. Obese children are more than twice as likely to have diabetes as children of normal weight. If current trends continue, experts warn that one of three American children born in 2000 – and half of all children-of-color – will suffer type 2 diabetes during his/her lifetime.¹⁰ Today's generation of children could become the first in modern history whose lifespan is less than that of their parents.¹¹
- ◆ California's costs attributable to physical inactivity, obesity and overweight in 2005 were projected to reach \$28 billion for health care and lost work productivity. In contrast, a 10 percent improvement – just one person of 10 who becomes more

active and maintains a healthy weight over a five year period – could result in savings of nearly \$13 billion.¹² Obesity-related health expenditures are estimated to have accounted for more than 25 percent of the growth of national health care spending between 1987 and 2001.¹³ The public sector finances nearly half of all adult obesity medical spending through Medicaid and Medicare.¹⁴ New medications and surgeries are available but at a cost that is hardly affordable. Bariatric surgery costs \$20,000 to \$50,000 and has significant risks and potential complications.

2. The Competing Environmental Forces

While obesity results most directly from choices individuals make regarding physical activity and diet, strong environmental forces are at work that influence those choices. Many of California's neighborhoods have an abundance of cheap, low-nutrient, high calorie food, and limited access to affordable fresh fruits and vegetables. Television tells us what to eat. \$33 billion is spent on food marketing each year. Children view 40,000 commercials annually, resulting in the early formation of taste preferences and brand loyalties.¹⁵ Poor community planning means that neighborhoods lack sidewalks and bike paths to encourage walking and biking. Sprawl prevents many from taking public transit to work or biking to school. Unsafe streets and the lack of safe play areas and parks keep children from being active outside.

3. The Discordant Response

Factors that influence eating and activity are largely shaped by the decisions of businesses and government. Increasingly, government and businesses along with the voluntary and philanthropic sectors are recognizing their role and engaging in finding solutions to the epidemic. Unfortunately, these efforts are not coordinated, and therefore do not achieve maximum impact.

California needs to converge and coordinate the fragmented efforts to create a systematic way to shift and realign resources, where possible. This will allow for strategic implementation of evidence-based efforts that will change the predicted obesity-laden future of California. Real change will occur when government, business, agriculture, schools, land use planners, developers, transportation, retailers, public safety, health care, and media begin to work more effectively together to create environments that allow people to safely integrate everyday physical activity such as bicycling or walking into their lives and to easily access affordable, healthy foods.

In recognition of California's growing obesity epidemic, competing environmental forces and fragmented efforts, the legislature mandated that the California Department of Health Services (CDHS) create this strategic plan to guide a statewide response to this obesity crisis.

Call to Action

We have a vision for a healthier California. The 10 Step Vision for a Healthy California is a call to action for all Californians. It is an action plan for bringing focus and momentum to the transformation that is needed to create the healthful California in which we all want to live.

Imagine a California in which healthy eating and active living is the preferred and chosen course of action for Californians. Imagine that healthy eating and active living are the choices we make because we want to make them and because our environment makes them the easy choices.

A healthier California can be a reality. We have the tools to transform California into the healthiest state in the nation.

Every sector of society will need to change in order to shift California to a healthier lifestyle. Shifts of this magnitude aren't simple – change never is. The rewards of a healthier life for us, our families, and our communities make it worthwhile.

A Vision for California – 10 Steps Toward Healthy Living

To initiate this shift in California, Governor Schwarzenegger developed a 10 Step Vision, and convened the Get Healthy California! Summit to introduce the vision to and acquire actionable and significant commitments from public and private leaders. This vision will continue to guide the transformation to a healthier California, involve people of all ages, and include every aspect of society. California's vision offers us a picture of the environment in which we will live and the kind of life we will lead when the following 10 steps are achieved.

1. Californians will understand the importance of physical activity and healthy eating, and they will make healthier choices based on their understanding.
2. Everyday, every child will participate in physical activity.
3. California's adults will be physically active every day.
4. Schools will only offer healthy foods and beverages to students.
5. Only healthy foods and beverages will be marketed to children ages 12 and under.
6. Produce and other fresh, healthy food items will be affordable and available in all neighborhoods.
7. Neighborhoods, communities, and buildings will support physical activity, including safe walking, stair climbing, and bicycling.
8. Healthy foods and beverages will be accessible, affordable, and promoted in grocery stores, restaurants, and entertainment venues.
9. Health insurers and health care providers will promote physical activity and healthy eating.
10. Employees will have access to physical activity and healthy food options.

This *Get Healthy California! Plan* serves as guide to action necessary to realize California's 10 Step Vision for every sector to be a part of the shift to healthy eating and

active living. The plan identifies policy strategies to make sustainable changes in physical activity and food environments.

Strategic Approach: Environmental Change that Encourages Healthy Eating and Active Lifestyle

Through California's internationally recognized tobacco control programs, we have experience and success in effecting a major societal change that resulted in significantly improved health for the people of our state. It was a difficult task but we did it. And we can do it again. As California has been a leader in reducing tobacco use, we can be a leader in the campaign to reduce obesity.

One third of the deaths in the US can be attributed to three unhealthy behaviors: lack of physical activity, poor eating habits, and tobacco use. In addition to stopping smoking, we can take no more important actions to improve our health and reduce the likelihood of developing serious chronic diseases than increasing our physical activity levels and improving our eating habits.

California's success in reducing tobacco use provides the model for environmental change that can lead to a California in which healthy eating and an active lifestyle are the norm – not the exception. We have successfully changed California to an environment in which smoking is not the norm – it is the unexpected exception. We can do the same in the area of obesity.

Medical evidence provided the basis for change in our perceptions and behaviors with regard to tobacco use. The 1963 Surgeon General's Report made clear that tobacco use was harmful to health. The federal government began calling attention to this harm through warning labels on cigarettes. Twenty-five years later California voters passed the Tobacco Tax and Health Protection Act of 1988 which placed a tax on tobacco with revenues dedicated to community programs, public education, tracking and evaluation, and school-based efforts. Since the passage of this tax, the adult smoking prevalence in California has declined by 38 percent and California lung cancer rates declined at nearly six times the rate of the decline in the nation.^{16,17}

The success of California's tobacco control efforts is the result of a variety of efforts that combine social norm change (a change in our perceptions of what is "normal" behavior) and individual behavior change. The recognition that individuals make personal behavior choices within the context of what is socially acceptable in their environment is key to the anti-tobacco efforts.¹⁸ The idea is simple – change what is socially acceptable, desirable, and accessible in the environment within which people make choices and people will make different choices – healthier choices.

While the anti-tobacco campaign is instructive, there are clear differences when applying these principles to obesity reduction and prevention. For instance, there is no need for anyone to use tobacco products but obviously what we eat and how active we are part of everyone's everyday life. Similarly, while tobacco control efforts were aimed at discouraging a certain behavior, smoking, efforts to address obesity will need to stress the importance of healthy choices in the areas of nutrition and physical activity.

In addition to eliminating advertising and reducing access to unhealthy products, we must simultaneously incorporate healthy foods and physical activity into schools, worksites, and neighborhoods. Public health cannot do this alone. It will take commitments from every sector – government, business, agriculture, education, architecture, transportation, and media to change the way Californians eat and stay active.

The Tobacco Model - Our environment can either encourage or discourage various behaviors. By requiring warning labels on cigarettes, we educated smokers about the adverse health consequences of smoking, and smoking was discouraged. By spreading the word that second hand smoke is harmful, we discouraged people from smoking around their loved ones. By banning television advertisements for tobacco products, we reduced our exposure to images of role models who smoke, thereby disassociating smoking from a glamorous lifestyle. By funding community groups to conduct local programs, we encouraged an environment that reduces tobacco access to minors, mitigates the effects of second hand smoke, counters pro tobacco influences, and supports individual behavior change.

California has led the way in creating the smoke-free environment as the preferred environment. California high school students smoke about 41 percent less than their US counterparts – which will translate into fewer health consequences from smoking related illness.¹⁹

Lessons for Obesity – This same environmental approach can be applied to our eating habits and activity levels. On an individual level, obesity can be prevented if people have access to healthy choices, are more active, and eat fewer calories. But existing social, cultural, and environmental factors impact an individual's ease and ability in following this advice. Like the anti-tobacco movement, we can utilize policy, media and community programs to shift what is seen as “the in way to live” and create the environments that make healthy eating and active living the most accessible, socially acceptable, and desirable choice. The essential components of the tobacco control model that are transferable to the obesity epidemic include:

1. A statewide media campaign that changed perceptions of smoking from a glamorous adult activity to a dangerous, addictive habit; conveyed the devastating health effects of second hand smoke on loved ones; highlighted the manipulation by the tobacco industry to recruit new smokers and framed other relevant issues;
2. Local assistance grants awarded to county lead agencies, school-based programs, and regional projects to organize education and prevention efforts. As knowledge increased and attitudes changed, communities mobilized to create smoke-free laws;
3. Statewide tracking and evaluation to monitor health impacts, population trends and assess program performance and impact; and
4. Leadership and capacity building at the state level to ensure coordination with and between the state, regional and local media, program, and evaluation efforts.

This report offers a strategic plan for beginning the work of emulating the anti-tobacco efforts, creating healthy eating and active living as California's way of life, and shifting the tide in California's obesity epidemic.

The Plan: Strategies for Action

The following strategic actions are derived from various national, state, and local government, business, philanthropic, and voluntary organization forums and meetings that reviewed options to create a healthier environment. CDHS believes that these strategies offer the most promise to advance the 10 Step vision to achieve a healthier California.

Goal 1: Create a statewide public education campaign that frames healthy eating and active living as California living.

Develop and implement a statewide media campaign to reach both adults and youth, with a focus on countering the promotion of unhealthy foods; promoting "every day" activity at school, at work, and at play; reducing the appeal and availability of "junk food" to youth, while promoting healthy eating and fun activity as the "in" lifestyle.

Why? A sustained statewide media campaign would ensure healthier futures for Californians by educating them about the dangers of low-nutrient, high calorie eating habits and "couch potato" lifestyle, while instilling the benefits of healthy food choices and regular physical activity.

Strategy for Action:

- A sustained public media campaign designed to educate the public about the benefits of healthy food choices and a physically active lifestyle. The campaign would utilize radio, television, billboards and print advertising in communities throughout California and would ensure penetration into all racial and ethnic communities.

Goal 2: Implement multi-sectored policy strategies to create healthy eating and active living community environments.

Improve access to, promotion of, and participation in healthy eating and active living by creating change in the physical and social environments.

Why? Changing behavior requires both the knowledge base and access to affordable, safe, convenient activity and healthy eating opportunities for all Californians. In the tobacco control model, grants to local lead agencies created the ground swell to change local laws to create smoke-free communities. With obesity, the issues are more complex. Change in community environments will require a multi-sector response, with each partner changing policies and doing business differently. When the healthier choices become more accessible, affordable, and socially acceptable, then California will see a shift toward healthier lifestyles, reducing the prevalence of obesity.

Strategies for Action are organized into seven sectors:

2.1 State and Local Government

Prioritize Prevention

- Make prevention a top priority in state and local health departments.
- Ensure full and equitable access to public facilities (community centers, schools, government buildings) that could house programs and services that increase the amount of daily physical activity for each community member.
- Develop and disseminate model worksite policies that provide access to options for healthy eating and physical activity.
- Ensure that food assistance programs provide healthy foods.

Incentives and Funding

- Consider incentives for businesses to offer physical activity, healthy food options, and lactation accommodations to employees.
- Consider tax and other incentives for the development of physical activity facilities, improved walkability, grocery stores, farmers markets, and other retail outlets for healthy foods, particularly in low-income communities.
- Identify ongoing funding sources for the maintenance, rehabilitation, and development of parks and recreation facilities in all neighborhoods.

Planning, Land Use, and Transportation

- Adopt and implement “walkable” community policies and build paths/trails to provide safe and convenient travel options for walking, bicycling, or using assistive devices, such as wheelchairs.
- Utilize planning and zoning processes to promote appropriate design and land uses that support access to healthy foods and encourage walking and bicycling in all neighborhoods.
- Ensure that public recreational facilities, supermarkets, and farmers’ markets are accessible from public transit routes.
- Consider requiring that each city/county general plan contain a recreation element that includes access to, and availability of, facilities and park land to encourage physical activity.

2.2 Employers

- Adopt standards for the provision of healthy food at meetings and events.
- Provide incentives to employees who walk, bike, or use public transportation to commute to and from work and for work-related travel.
- Encourage physical activity through such practices as encouraging stairway use, providing bike racks, providing lockers and showers, and offering flex time or breaks for physical activity.
- Ensure that a significant percentage of prepared and vending machine foods sold at worksites are healthy and affordable.
- Maximize the use of local, regional, and sustainably-produced foods in food-service operations.

- Post and enforce organizational policies that support breastfeeding on site.
- Provide health plan benefits for prevention and wellness activities, including counseling, education, and access to weight-loss, weight maintenance, and physical activity programs.

2.3 Health Care Insurers and Providers

- Consider prevention as the first step in responding to the obesity epidemic. Bariatric surgery and pharmaceuticals are interventions of last resort, particularly for children.
- Support new mothers in breastfeeding.
- Adopt and implement preventive standards of care that promote regular physical activity and healthy eating in a culturally competent manner, across the lifespan.
- Provide continuing education credits for health practitioners participating in training in nutrition, physical activity, and breastfeeding education.
- Phase out fast-food restaurants in health care facilities.
- Maximize the use of fresh, regional, and sustainably produced foods through institution of farm-to-hospital programs.

2.4 Families

- Eat at least one meal a day together as a family, at home.
- Choose fruits and vegetables, whole grains, beans, nuts and seeds, and non- or low-fat dairy products.
- Limit calorie intake by moderating portion size, limiting soft drinks and sweetened beverages, and limiting foods with high amounts of sugar and fat.
- Reduce TV viewing and sedentary computer “gaming” time, especially for children and youth.
- Participate in physical activity every day.
- Participate in exercise activities – walking, hiking, sports – as a family.

2.5 Schools

- Ensure that children receive quality physical education that meets minimum state standards for duration and frequency.
- Make school recreational facilities available for after-hours use by the community, especially in neighborhoods that lack park and recreational facilities.
- Institute healthy food and beverage standards for all meals, snacks, and beverages available in preschool, school, and after-school programs.
- Eliminate advertising of unhealthy food and beverage products on school grounds and the use of unhealthy foods in fundraising, incentive, and other such programs.
- Maximize the availability of fresh, regional, and sustainably produced foods through initiatives such as farm-to-school programs.
- Provide a nutritious breakfast utilizing the federal School Breakfast program in all schools.

2.6 Food and Beverage Industry

Food Manufacturers and Retailers

- Through the following marketing strategies advertise and promote only healthy foods and beverages to children and youth: promoting healthy foods and beverages via broadcast, print, and electronic media, and toys; using sports or entertainment celebrities, including cartoon characters, and in product tie-ins that advertise only healthy foods and beverages to children.
- Eliminate indirect advertising through fundraising programs, incentive programs using contests or coupons, and the like at institutions serving children and youth (including schools, preschools, after-school programs, and recreation facilities).

Food Processors and Restaurants

- Ensure that packaged single-serving snacks, beverages, and meals contain no more than one standard portion size per package.
- Limit fat and sugar and add fruit and vegetables to children-focused meals.
- Post calorie information per serving on all menus and menu boards at fast food and chain restaurants.
- Encourage healthy food options on all menus.

Retail Grocers

- Establish grocery stores with produce and other fresh, healthy items and ensure access to these stores in low-income neighborhoods and communities of color.
- Guarantee quality, variety, and affordable pricing of produce and other fresh foods in neighborhoods throughout California.
- Make prices for healthy purchased and prepared foods comparable to those for unhealthy products (e.g., price baked chips at no more than regular chips, low-sodium soups at no more than regular soups).
- Ensure access to grocery stores for seniors, people with disabilities and low-income communities, with limited transportation options.
- Establish “junk-food-free” checkout lanes.

2.7 Entertainment and Professional Sports

- Ensure that healthy foods and beverages are accessible and affordable in sports, movie, and other entertainment venues.
- Consider allocating a percentage of sports arena proceeds to support development of public physical activity facilities and programs in surrounding communities.
- Ensure depictions of physically active people that include all ages, ethnicities, genders, body types, and abilities in television, film, and advertisements.
- Use product placement to market healthy food and beverages in movies and television programs targeted to children and youth.
- Expand the participation of professional athletes and facility/program administrators in promoting physical activity by providing facilities, equipment, and personnel for community use.

Goal 3: Create and implement a tracking and evaluation system.

Enhance state “intelligence” capabilities through a systematic approach to tracking and evaluation. Ensure standardized active living and healthy eating measurements on relevant California surveys, and widely disseminate findings. This will include monitoring complex state, regional, and local trends, development of policy, program, and environmental measures of progress.

Why? Obesity is now recognized as a societal issue for public health practitioners, urban planners, health care providers, transportation, businesses, voluntary agencies, foundations, and other partners to collectively address. Available data sources do not provide adequate information to monitor and study the scope and health impact of obesity. By creating a coordinated and systematic approach to tracking and evaluating obesity, as well as risk factors and health impacts, those who design state surveys will be able to provide decision makers with comparable, standardized data that focuses on accessibility and environmental barriers rather than just on etiology, diagnosis, or lifestyle of Californians. Further, once data is gathered and analyzed, state government has the responsibility and ability to make the information available and accessible to the community, programs, and policymakers.

Strategies for Action:

3.1 Conduct a data inventory and develop recommendations for a systematic approach to data collection on healthy eating and active living indicators.

3.2 Convene a task force to develop an Evaluation and Accountability Agenda, based on the data inventory (3.1), to improve California data systems. This Agenda will include the following:

- Consensus on standardized measures of active living and healthy eating.
- Studies that identify barriers to active living and healthy eating.
- Studies that compare obesity rates for communities with access to healthy eating and active living environments and those without access to these environments.
- Longitudinal studies which follow people with obesity and without obesity over time to track health impacts, obesity-related conditions, and health care costs.

3.3 Incorporate standardized health indicators such as physical activity, healthy eating, social norm change, and healthy community environment measures, into all relevant statewide surveys.

3.4 Lead obesity-related evaluation and accountability for California. This includes:

- Providing and disseminating data and research in various formats (e.g., web sites, written publications, conferences).
- Conducting on-going data analysis and reporting.
- Providing up-to-date and interactive data and information on the web.

Goal 4: Ensure state level leadership and coordination that reaches into communities across the state.

Create a central point of contact within state government to serve as lead and liaison in working across and within different sectors – such as schools, entertainment, employers, health care - to create active living and healthy eating environments.

Why? Government plays a significant role in the health and well-being of its constituents and is the natural locus of leadership in promoting comprehensive and effective approaches to improving the nutrition and physical activity of community members. State Government has an important role in coordinating local efforts. Government leaders have the unique ability to convene key decision-makers; facilitate information flow and collaboration; promote important issues; and promulgate policies and programs that improve community vitality.

Strategies for Action:

4.1 The central point of contact within state government will serve as the “connector” of and liaison to other state departments, and state, regional, and local partners, and as the catalyst to initiate policy and systems change to create an integrated, consistent approach to active living and healthy eating issues in California.

4.2 The central point of contact will convene public and private partners to identify existing gaps and programs; and interest in, ability and commitment to shifting and realigning policies, practices and resources, where possible, to implement evidence-based efforts that effectively create accessible and affordable active living and healthy eating environments across the state.

Summary

The Governor initiated the shift towards creating a healthier California when he convened the *Get Healthy California!* Summit in September 2005 and acquired actionable and significant commitments from public and private leaders to address the obesity epidemic. To continue the Summit process, the California Health and Human Services Agency (CHHS) has convened a *Get Healthy California!* Workgroup. CHHS divided the workgroup into four areas of emphasis – (1) educational campaign/social marketing, (2) physical education/physical activity, (3) access to healthy foods, and (4) role of health care/health care industry. CHHS has established strategic partnerships with stakeholders in other state agencies, at various levels of government, in the business community, and in the voluntary and philanthropic sectors.

Now this *Get Healthy California! Plan* can serve as a springboard for state government to further coordinate its efforts in collaboration with business, voluntary and philanthropic sectors to convert fragmentation into collaboration and synergy, to carefully align and invest resources, and to create a shared response to a societal crisis.

Acknowledgements

This plan represents the combined efforts of several information gathering and planning processes including the following:

The Governor's Summit on Health, Nutrition, and Obesity and the pre-Summit Listening Sessions around California gave business leaders, educators, government officials, and public health professionals an opportunity to focus on essential reforms and announce commitments for action in a variety of sectors. The Governor's 10 step Vision for a Healthy California provides both a guide and a challenge.

The Strategic Alliance "Taking Action for a Healthier California: Recommendations to Improve Healthy Food and Activity Options", developed by a coalition of nutrition and physical activity advocates.

The California Obesity Prevention Advisory Group, comprised of over 90 people, primarily external partners, included representatives from local public health departments, public health advocacy groups, transportation planning groups, the California Department of Education, the faith community, city government, the American Academy of Pediatrics, Cooperative Extension, Parks and Recreation, universities, volunteer organizations, and a number of other groups and organizations.

The Physical Activity and Nutrition Coordinating Committee comprised of representatives from programs within DHS that manage nutrition, physical activity, and obesity activities for the department.

The Nutrition and Physical Activity Action Team, formed within CDHS, as a broader coordinating obesity prevention group across a dozen divisions.

The Office on Disability and Health's Living Healthy with a Disability Take Action! Advisory Committee, Universal Livability, A Dream for Tomorrow a Plan for Today, Strategic Plan 2005-2010 Strategic Plan.

The Women, Infants, and Children (WIC), "Transitioning to Healthy Eating and Active Living" resulted from a six month strategic process with its partners to shape WIC's direction for obesity prevention.

The Maternal, Child and Adolescent Health (MCAH) Local Health Jurisdiction Obesity Survey 2006.

References

- ¹ California Department of Health Services. *California Children's Healthy Eating and Exercise Practices Survey*. <http://www.dhs.ca.gov/ps/cdic/cpns/research/download/calcheeps/calcheeps-low.pdf>, 2003.
- ² California Department of Health Services. *California Teen Eating, Exercise, and Nutrition Survey*. <http://www.dhs.ca.gov/ps/cdic/cpns/research/calteens2000.html>, 2000.
- ³ Centers for Disease Control. Behavioral Risk Factor Surveillance System, 2004.
- ⁴ California Health Interview Survey, 2003.
- ⁵ Centers for Disease Control and Prevention. Overweight Among U.S. Children and Adolescents. National Health and Nutrition Examination Survey. 2004
- ⁶ California Pediatric Nutrition Surveillance. 2003.
- ⁷ Healthy People 2010. Reduce the proportion of children who are overweight and obese, 2003.
- ⁸ Guo SS, Chumlea WC. Tracking of body mass index in children in relation to overweight in adulthood. *American Journal of Clinical Nutrition*. 70 (suppl):145S-148S, 1999.
- ⁹ Power C, Lake J, Cole T. Measurement and long term health risks of child and adolescent fatness. *International Journal of Obesity*, 21: 507-526, 1997.
- ¹⁰ American Diabetes Association. www.diabetes.org, 2005.
- ¹¹ Narayan V, et al. One in Three People Will Have Diabetes by the Year 2050. *Journal of American Medical Association*, News Release, 8 Oct 2003.
- ¹² California Department of Health Services. The Economic costs of Physical Inactivity, Obesity, and Overweight in California Adults: Health Care, Workers' Compensation, and Lost Productivity. <http://www.dhs.ca.gov/ps/cdic/cpns/press/downloads/CostofObesityToplineReport.pdf>, 2005.
- ¹³ Thorpe K, et al. The impact of obesity on rising medical spending. *Health Affairs*, W4-480, 2004.
- ¹⁴ Finkelstein E, et al. National medical spending attributable to overweight and obesity: How much and who's paying? *Health Affairs*, W3-219, 2003.
- ¹⁵ Institute of Medicine. Food Marketing to Children and Youth: Threat or Opportunity? The National Academies Press, Washington, D.C., 2005.
- ¹⁶ California Department of Health Services. Behavioral Risk Factor Surveillance System (BRFS) 1984-1992; California BRFS and California Adult Tobacco Survey Data combined for 1993-2005, 2006.
- ¹⁷ California Department of Health Services. The Health and Economic Consequences of Cigarette Smoking in California, 2003.
- ¹⁸ California Department of Health Services. A Model for Change: the California Experience in Tobacco Control, 1998.
- ¹⁹ California Department of Health Services. Youth Smoking Prevalence Fact Sheet, 2005.